



Thrift Savings Plan BULLETIN

for Service TSP Representatives

Subject: Revision of Form TSP-U-70, Thrift Savings Plan Request for Full Withdrawal

Date: August 1, 2002

The Federal Retirement Thrift Investment Board (Board) has revised and renamed Form TSP-U-70 to reflect the changes to the post-employment withdrawal program which will occur when the new record keeping system is implemented in September 2002. Currently called Withdrawal Request, the Form TSP-U-70 for the new record keeping system will be called Request for Full Withdrawal.¹ A copy of this revision, dated August 2002, is attached to this bulletin. This revision may also be obtained from the **uniformed services section** of the TSP Web site at www.tsp.gov beginning August 15, 2002.

This revision **supersedes** all prior versions of Form TSP-U-70; services should discard their supplies of earlier versions of the form. **After August 23, 2002, if the TSP record keeper receives a withdrawal request on an earlier version of Form TSP-U-70, the request will not be processed, and the participant must complete the new version of the form to withdraw his or her account fully.**

Distribution of Form TSP-U-70. The Board will send a small supply of the revised Form TSP-U-70 to services' central distribution points. Upon receipt, central distribution points should distribute these forms proportionately to personnel or administrative offices within the service.

(continued on next page)

¹ In the new record keeping system, participants may also request a partial withdrawal of their TSP accounts. The application participants must submit to take this action is Form TSP-U-77, Request for Partial Withdrawal When Separated. See TSP Bulletin 02-U-29, dated August 1, 2002, for more information about that form.

Inquiries: Questions concerning this bulletin should be directed to the Federal Retirement Thrift Investment Board at **202-942-1460**.

Chapter: This bulletin may be filed in Chapter 8, Withdrawal Program.

Supersedes: This bulletin supersedes TSP Bulletin 02-U-7, Thrift Savings Plan Booklet, Withdrawing Your TSP Account After Leaving Federal Service, Form TSP-U-70, Withdrawal Request, and Tax Notice, dated March 1, 2002.

Service responsibilities. Services must provide Form TSP-U-70 to participants when they separate from the uniformed services. As explained in TSP Bulletin 02-U-20, dated July 16, 2002, Form TSP-U-70 must be included in the withdrawal packages that services provide to separating participants. If the services need additional copies of this form, they should have a representative of their central distribution point order them by completing the Thrift Savings Plan Order Form (TSP-U-40).

A handwritten signature in black ink, reading "Pamela-Jeanne Moran". The signature is fluid and cursive, with the first name "Pamela" and last name "Moran" clearly distinguishable.

PAMELA-JEANNE MORAN
Deputy Director
Office of External Affairs

Attachment: Form TSP-U-70, Request for Full Withdrawal



Thrift Savings Plan

**Form TSP-U-70
Request for Full Withdrawal**

ADVANCE COPY

August 2002

GENERAL INFORMATION AND INSTRUCTIONS

Use this form to request an immediate withdrawal of your **entire** vested account balance from your uniformed services TSP account, to be paid after your service confirms your separation. To request a partial withdrawal of your account, do not complete this form; instead, complete Form TSP-U-77, Request for Partial Withdrawal When Separated.

Note: If your uniformed services TSP account includes tax-exempt balances, the percentage of taxable and tax-exempt portions in your withdrawal (or each withdrawal if you elect a mixed withdrawal or monthly payments) will be based on the proportion of taxable and tax-exempt balances in your account at the time the distribution is made.

Before making a withdrawal request, read the booklet *Withdrawing Your TSP Account After Leaving Federal Service* and the TSP notice "Important Tax Information About Payments From Your TSP Account." Your former service should have given you these materials when you separated from service. If you do not have these materials, download them from the TSP Web site (www.tsp.gov) or ask your former service for a copy.

Note: If, after reading the TSP tax notice, you decide to submit a Form W-4P, Withholding Certificate for Pension or Annuity Payments, attach a copy of the form to your withdrawal request when you mail it to the TSP Service Office. If you request a mixed withdrawal, indicate on the top of Form W-4P the option to which the withholding applies.

You should **not** complete Form TSP-U-70 if:

- **Your vested account balance is less than \$200.** The TSP will automatically send you a check for the balance of your uniformed services TSP account after your service reports that you have separated.
- **You expect to be rehired after a break in service of less than 31 calendar days.** You must be separated from service for 31 or more days in order to be eligible for a post-employment withdrawal. If you expect to rejoin the uniformed services or join the Federal civilian service after a break in service of 31 or more full calendar days, see the withdrawal booklet for information about rehired participants and withdrawal restrictions.

There are two ways to request a post-employment withdrawal:

1. Complete Form TSP-U-70 and mail it to the TSP Service Office; or
2. Use the TSP Web site (www.tsp.gov) to begin (and, in some cases, complete) your withdrawal request. If your request cannot be completed on the Web because additional signatures, information, or documentation is needed, you may print out a partially completed withdrawal request form at the end of your online session. Review the form, complete any missing information, and provide any required signatures and documentation.

Do not change or cross out any of the prefilled information resulting from your entries on the Web; the form may not be accepted for processing if you do.

Note: Access to the Web site's post-separation withdrawal request area is not available to a participant until the participant's service reports his or her separation to the TSP.

After completing your withdrawal request, make a copy for your records. Mail the original to:

TSP Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500
Telephone Number: (504) 255-8777
TDD: (504) 255-5113

SECTION I. Complete Items 1 – 9. The address you provide on this form will be used to update the address in your TSP account record. If you are married, provide your spouse's name and Social Security number.

SECTION II. Spouses' rights apply to accounts that are more than \$3,500 at disbursement. If your TSP account balance is \$3,500 or less, you do not need to complete Section II. Otherwise, if you are a **married uniformed services participant** and your account balance is more than \$3,500, complete Section II. By law, your spouse is entitled to an annuity with a 50% survivor benefit, level payments, and no cash refund (i.e., TSP Annuity Option 3b). If you would like to use your **entire vested account balance** to purchase this annuity, check Item 12 and skip to Section VII. For any other withdrawal option, including a mixed withdrawal, your spouse must waive his or her right to that annuity by signing and dating Items 13 and 14. Your spouse's signature must be notarized in Item 15.

If you cannot obtain your spouse's signature because his or her whereabouts are unknown or exceptional circumstances apply, check the box in Item 16 and submit Form TSP-U-16, Exception to Spousal Requirements, with the required documentation.

SECTION III. You may withdraw your entire account balance by choosing any one, a combination of any two, or all three, of the basic available withdrawal methods (single payment, monthly payments, life annuity). On the line to the right of each withdrawal method, indicate the percentage of your account that you would like to withdraw by that method. Be certain that the percentages in Items 17a, b, and c add up to 100%. Use whole percentages only. **Note:** You can use the calculators on the TSP Web site to project an annuity or a monthly payment.

If you choose to withdraw your account as a TSP annuity, the minimum amount to purchase the annuity is \$3,500. This means that if you are withdrawing only a portion of your account by means of an annuity (Item 17a), the percentage you choose must equal \$3,500 or more of your vested account balance. You must also provide information needed for the annuity purchase on Page 3 of this form.

If you are withdrawing any portion of your account by means of monthly payments (Item 17c), indicate either the dollar amount that you would like to receive each month or check the box to have the TSP compute your payments based on your life expectancy. If you choose a dollar amount, it must be at least \$25.

- **If you indicate a monthly dollar amount**, you will receive that amount until you change it or until your entire account balance has been paid. **Note:** You are allowed to change the dollar amount annually.
- **If you choose to have the TSP compute your payments**, your payments will be computed using the IRS Single Life Table, Treas. Reg. § 1.401(a)(9)-9, Q&A 1 (for participants age 69 and younger) or the Uniform Lifetime Table, Treas. Reg. § 1.401(a)(9)-9, Q&A 2 (once a participant turns 70).

Transfer Option. If you choose to withdraw any portion of your account by means of a single payment, or a monthly payment for a fixed dollar amount that results in a payment schedule that is expected to last less than 10 years, you may also elect to transfer all or any portion of the payment(s) to a traditional IRA or an eligible employer plan. Single or eligible monthly payments that are not transferred directly to an IRA or plan are subject to **mandatory 20% Federal income tax withholding**. Read the TSP notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules affecting payments from your account.

Note: If your uniformed services account includes tax-exempt balances, the withdrawal from your account will be based on the proportion of taxable and tax-exempt balances in your account. However, the taxable portion of your withdrawal will be transferred to your IRA or plan first. Tax-exempt money will be transferred **only if** the taxable portion of your withdrawal does not satisfy the percentage of your withdrawal that you elected to transfer to your IRA or plan **and** the IRA or plan certifies that it will accept tax-exempt money. Amounts that are not transferred will be paid directly to you (or to your checking or savings account, if you choose that option).



THRIFT SAVINGS PLAN REQUEST FOR FULL WITHDRAWAL

TSP-U-70

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle
2. _____ - _____ - _____ 3. ____/____/____ 4. (____) ____ - ____
Social Security Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)
5. Address _____
Street address or box number
6. City _____ 7. _____ 8. _____
State/Country Zip Code
9. Are you married, even if separated from your spouse? 10. _____ - _____ - _____
☐ Yes (Go to Item 10.) ☐ No (Skip to Section III.) Spouse's Social Security Number
11. Spouse's Name _____
Last First Middle

II. FOR MARRIED UNIFORMED SERVICES PARTICIPANTS ONLY

Your spouse's
signature must
be notarized.

If your uniformed services account balance is more than \$3,500, your spouse is entitled to a survivor annuity with a 50% survivor benefit, level payments, and no cash refund. Check Item 12 to use your entire account balance to purchase that annuity. If your spouse waives his or her right to that annuity (Item 13, 14, and 15), proceed to Section III.

12. **Participant:** ☐ Use my entire uniformed services TSP account to purchase the prescribed joint life annuity with 50% survivor benefit, level payments, and no cash refund (Option 3b in Section VIII). (Skip to Section VII and complete Page 3.)
- OR 13. **Spouse:** I give up my right to the prescribed joint life annuity (Annuity Option 3b) by signing below.

Spouse's Signature _____ 14. _____
Date Signed

15. **Notary:** On this ____ day of _____, _____, the person who signed Item 13, who is known to or was identified by me, personally appeared and acknowledged to me that he or she signed this form. In witness thereof, I have signed below on this date.

[seal]

My commission expires: _____
Notary Public's Signature _____
Jurisdiction _____

16. **Participant:** ☐ Check here if you cannot obtain your spouse's signature.

III. WITHDRAWAL ELECTION

Choose one or more methods. Indicate percentages in whole numbers. If choosing monthly payments, include the dollar amount of each payment or choose to have the TSP compute your payments based on your life expectancy.

17. a. Life Annuity _____ .0% (Must equal \$3,500 or more. Also complete Page 3.)
b. Single Payment _____ .0%
c. Monthly Payments _____ .0% → \$ _____ .00 per month OR ☐ Compute my payments
TOTAL 100.0%

Transfer Option — If you want to transfer all or any portion of your single or monthly payments (for a dollar amount that results in payments expected to be made in less than 120 months) to a traditional IRA or to an eligible employer plan, complete Items 18 and/or 19 and also complete Section IV.

18. Transfer _____ .0% of my **single payment** to a traditional IRA or eligible employer plan.
19. Transfer _____ .0% of each of my **monthly payments** for the dollar amount indicated above to a traditional IRA or eligible employer plan. (Note: You cannot transfer payments expected to last 120 months or more or those that are computed based on life expectancy.)

GENERAL INFORMATION AND INSTRUCTIONS

SECTION IV. If you chose to transfer any portion of your single or monthly payments by completing Item 18 and/or Item 19, complete this section. Your traditional IRA or eligible employer plan can use this information to identify you when completing Section V.

Note: Some IRAs or plans will not accept tax-exempt balances. If the IRA or plan does not accept tax-exempt balances, any tax-exempt balances that would otherwise be transferred will be paid directly to you (or to your checking or savings account by direct deposit, if you elected that option).

SECTION V. If you chose to transfer your single payment or eligible monthly payments to a traditional IRA or an eligible employer plan, **your financial institution or plan administrator must complete this section before you submit this form to the TSP.** (A traditional IRA and an eligible employer plan are described in the TSP tax notice "Important Tax Information About Payments From Your TSP Account.")

Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.

Note: You can transfer to *only one* traditional IRA or eligible employer plan; therefore, if you chose a mixed withdrawal with both single and monthly payments (that are eligible to be transferred), all payments you chose to transfer will be sent to the financial institution/plan and account designated in this section.

The institution or plan to which your withdrawal is to be transferred must be a trust established inside the United States (i.e., the 50 States and the District of Columbia).

The financial institution or plan should retain a copy of this page to identify the account to which the check should be deposited when it is received. If the transfer is to a traditional IRA, the institution accepting the transfer should submit IRS Form 5498, IRA Contribution Information, to the IRS.

Type of Account and Account Number. In Item 27 indicate whether the transfer is to a traditional IRA or eligible employer plan. In Item 28, enter the account number, if available, of the IRA or plan to which the money is to be transferred. If the transfer is to an eligible employer plan, you must provide the plan name (Item 29).

Transfer of Tax-Exempt Balances. Members of the uniformed services, in certain circumstances, are entitled to contribute tax-exempt money to their uniformed services TSP accounts; therefore, their accounts may contain tax-exempt balances. Tax-exempt

balances are never subject to taxation (unlike either tax-deferred balances, which are subject to taxation at a later date, or after-tax balances, on which taxes have already been paid). If the participant's account includes a tax-exempt balance, the taxable portion of the withdrawal will be transferred first. Tax-exempt money will be transferred **only if** the taxable portion of the withdrawal does not satisfy the participant's transfer election **and** the IRA or plan accepts tax-exempt balances. If the IRA or plan does not accept tax-exempt balances, that portion of the account will be paid directly to the participant. The representative of the IRA or plan must check the appropriate box in Item 30 to indicate whether it will accept tax-exempt balances.

Make check payable to. Provide the name of the IRA trustee or plan administrator (Item 31) as it should appear on the check. The check will be made payable to the name you provide on this line.

Mail to. If the check is to be mailed to someone other than the payee of the check, provide the name and address (Items 32 – 33) of the institution and/or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 34 – 37. If we need to contact the financial institution or plan for more information, the individual named here will be used as the contact person.

SECTION VI. Complete this section only if you want the TSP to send your single payment or monthly payments directly to your checking or savings account by means of a direct deposit (electronic funds transfer (EFT)). Provide all of the requested information. If you do not know the routing number, contact your financial institution for this information.

Note: Only payments that are **not being transferred** to a traditional IRA or eligible employer plan can be paid by EFT. EFTs will be made only to a financial institution in the United States. EFT is a safer method of payment than mailing a check to you.

SECTION VII. Read the certification; then sign and date it. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge. You are also certifying that you are separated from the uniformed services and that your separation from all Federal service will last for 31 days or more.

Name:

Social Security Number:

**IV.
INFORMATION
FOR YOUR
TRANSFER**

If you want to transfer all or a portion of your withdrawal directly to your traditional IRA or eligible employer plan, complete this section, then take or send this page to your IRA or plan. Your financial institution or plan administrator must complete Section V and return this page to you.

20. Name _____
Last First Middle
21. Social Security No. _____ - _____ - _____ 22. (_____) _____ - _____
Daytime Phone (Area Code and Number)
23. Address _____
Street address or box number
24. City _____ 25. _____ 26. _____
State/Country Zip Code

**V.
INFORMATION
FROM THE IRA
OR ELIGIBLE
EMPLOYER
PLAN**

*To be completed
by financial
institution/plan
administrator*

Complete this section and return this form to the participant identified in Section IV. The financial institution or plan administrator must ensure that the account described here is a "traditional IRA" or "eligible employer plan" as defined by the Internal Revenue Service.

Do not submit transfer forms of financial institutions or plans.

27. Type of Account ☐ Traditional IRA ☐ Eligible Employer Plan 28. _____
Account Number
29. Plan Name _____
Only if eligible employer plan
30. Tax-exempt balances, if any, will be accepted into the account identified above. ☐ Yes ☐ No
31. Make check payable to _____
IRA Trustee or Plan Administrator (Limit response to 30 characters.)
32. Mail to _____
Name of institution or person, if different from Item 31
33. _____
Address City State Zip Code
- I confirm the accuracy of the information in this section and the identity of the individual named in Section IV. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the Thrift Savings Plan and deposit them in the traditional IRA or eligible employer plan identified above.
34. _____ 35. (_____) _____ - _____
Typed or Printed Name of Certifying Representative Phone (Area Code and Number)
36. _____ 37. _____
Signature of Certifying Representative Date Signed

**VI.
REQUEST
FOR DIRECT
DEPOSIT**

Single or monthly payments **not being transferred** can be paid by direct deposit to a checking or savings account at a financial institution.

38. Pay my ☐ single payment ☐ monthly payments or ☐ both types of payments by direct deposit.
39. _____ 40. _____
Name of Financial Institution Routing Number (Must be 9 digits.)
41. Type of Account ☐ Checking ☐ Savings 42. _____
Account Number

**VII.
CERTIFICATION**

I certify that the information I have provided in Sections I – VI is true and complete to the best of my knowledge. I also certify that I am separated from the uniformed services and I do not expect to rejoin the uniformed services or join Federal civilian service within 31 days after my separation. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

43. _____ 44. _____
Participant's Signature Date Signed

GENERAL INFORMATION AND INSTRUCTIONS

Complete Page 3 (Sections VIII – XI) only if you would like to purchase an annuity and have indicated this by checking the box in Item 12 or by entering a percentage in Item 17a.

Read the booklet *Thrift Savings Plan Annuities* before completing this page. This booklet describes TSP annuity options and features. **Note:** You cannot change your annuity option or cancel your annuity once your annuity has been purchased.

SECTION VIII. Provide your gender, then choose the annuity option you want by checking the appropriate box. **Note:** If you are a married uniformed services participant and you checked Item 12 on Page 1, you must select Annuity Option 3b; otherwise, your form cannot be accepted.

An asterisk (*) before an annuity option number indicates that there is a cash refund or 10-year certain feature associated with that annuity. If you choose one of these annuities, you must complete Section X and name beneficiaries for your annuity.

If you are choosing among the joint life annuities, consider both the monthly payments you will receive while you and your joint annuitant are both alive and the payments that will be made to the survivor if one of you dies. If you choose a joint life annuity with a 50 percent survivor benefit, the monthly annuity payment to the survivor — whether the survivor is you or your joint annuitant — will be reduced by half (that is, 50 percent) of the annuity payment made while you and your joint annuitant are alive. If you choose an annuity with a 100 percent survivor benefit, the monthly annuity payment to the survivor will not be reduced when one of you dies. However, with the 100 percent survivor benefit, the monthly payment that you will receive while you and your joint annuitant are both alive will be less than if you select the 50 percent survivor benefit. The booklet *Thrift Savings Plan Annuities* provides detailed information.

SECTION IX. If you chose a joint life annuity, you must provide the requested information about your joint annuitant. You must also provide a copy of your joint annuitant's birth certificate. If your joint annuitant's birth certificate is unavailable, one of the following three items may be used if the date of birth is shown: baptismal certificate, family bible record, or marriage certificate. If a birth certificate or the above items are not available, submit **two** of the following types of evidence: school or college record, church record, birth certificate of children (if parent's age is shown), family record of genealogies, driver's license, military identification, military discharge papers, passport, life insurance papers, hospital records, census records, or voting records. Do not send original documents; they will not be returned to you. If the name on a document is not the same as the current name, you may be requested to submit a statement from the joint annuitant indicating that he or she is the person named in the document.

If you choose an annuity that provides for a joint annuitant other than your spouse, the joint annuitant must be either a former spouse or someone with an **insurable interest** in you. This means that the person is financially dependent on you and could reasonably expect to derive financial benefit from your continued life. Blood relatives or adopted relatives (but not relatives by marriage) who are closer than first cousins are presumed to have an insurable

interest in you. **If you name such a joint annuitant (i.e., a former spouse or someone with an insurable interest) who is more than 10 years younger than you, you must choose a joint life annuity with the 50 percent survivor benefit. The only exception is for a former spouse to whom all or a portion of your TSP account is payable pursuant to a retirement benefits court order.**

If the person you named as your joint annuitant is not presumed to have an insurable interest in you, you must submit an affidavit (i.e., a certification signed before a notary public) from someone with personal knowledge that the named person has an insurable interest in you. The certifier must know the relationship between you and the joint annuitant and must state why he or she believes that the named joint annuitant might reasonably expect to benefit financially from your continued life.

SECTION X. If you chose an annuity option with a cash refund or 10-year certain feature, you must designate a beneficiary or beneficiaries to receive benefits from the annuity after your death, under the conditions outlined in that feature. The beneficiary designation on this form applies to the portion of your account used for the annuity purchase. After your annuity is purchased, changes in your beneficiary designation must be made directly with the annuity provider.

The share of any beneficiary who dies before you die will be distributed among the surviving beneficiaries in proportion to the shares you indicate, or entirely to the surviving beneficiary. You may name any person, corporation, trust, legal entity, or your estate as your beneficiary. If you need additional space, use a blank sheet of paper with your name, Social Security number, and date of birth on it. If you use additional pages, number, sign, and date each page. Use the same date on each page.

Indicate a percentage or fractional share for each beneficiary. Do not mix percentages and fractions. Percentages must add up to 100 percent; fractions must add up to 1.

- **If your beneficiary is a person**, enter for each beneficiary the last name, first name, and middle name; Social Security number (SSN); and relationship to you.
- **If your beneficiary is a firm, corporation, or other legal entity**, enter the name of the legal representative. Enter the Employer Identification Number (EIN) and enter "firm" and the name of the firm on the relationship line.
- **If the beneficiary is a trust**, enter the name of the trustee. Enter the EIN, if available, and enter "trustee," the name of the trust, and the date the trust was established on the relationship line.
- **If the beneficiary is an estate**, enter the name of the executor. Enter the EIN, if available. Enter "executor" and the name of the estate on the relationship line.

SECTION XI. Sign and date the form.

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your uniformed services TSP account. We will use the information you provide on this form to process your request for a full withdrawal. This information may be shared with other Federal agencies and the uniformed services for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation

of civil, criminal, or military law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your withdrawal request.

Name:

Social Security Number:

Complete this page *only* if you are requesting an annuity.**VIII.
ANNUITY
ELECTION**

Provide your gender in Item 45, then continue to Item 46 and check the annuity option you want. Also complete Section X if you choose an option marked by an asterisk (*). (Note: If you are a married uniformed services participant and you checked Item 12 on page 1, you **must** select annuity option 3b.)

45. Your Gender ☐ Male ☐ Female

46. Single Life — Level Payments:

- ☐ 1a No additional features
☐ *1b Cash refund
☐ *1c 10-year certain

Joint Life With Spouse — Level Payments:

- ☐ 3a 100% to survivor, no additional features
☐ 3b 50% to survivor, no additional features
☐ *3c 100% to survivor, cash refund
☐ *3d 50% to survivor, cash refund

Joint Life With Joint Annuitant Other Than Spouse — Level Payments:

- ☐ 5a 100% to survivor, no additional features
☐ 5b 50% to survivor, no additional features

Single Life — Increasing Payments:

- ☐ 2a No additional features
☐ *2b Cash refund
☐ *2c 10-year certain

Joint Life With Spouse — Increasing Payments:

- ☐ 4a 100% to survivor, no additional features
☐ 4b 50% to survivor, no additional features
☐ *4c 100% to survivor, cash refund
☐ *4d 50% to survivor, cash refund

- ☐ *5c 100% to survivor, cash refund
☐ *5d 50% to survivor, cash refund

**IX.
INFORMATION
ABOUT
SPOUSE
OR OTHER
JOINT
ANNUITANT**

Complete this section if you chose a **joint life annuity**, and provide documentation of the joint annuitant's date of birth. If you chose a joint life annuity with a joint annuitant other than your spouse, you may be required to submit an affidavit.

47. Name _____ 48. _____
 Last First Middle Birth Date (mm/dd/yyyy)

49. _____ 50. Gender ☐ Male ☐ Female 51. _____
 Relationship to Participant Joint Annuitant's Social Security No.

**X.
BENEFICIARY
DESIGNATION
FOR YOUR
TSP ANNUITY**

If you chose an annuity with a cash refund or 10-year certain feature (options in Section VIII marked by an asterisk (*)), make a beneficiary designation(s) and indicate the share for each. Use whole percentages or fractions. Percentages must total 100%; fractions must total 1.

52. Beneficiary Name _____
 Last First Middle
 Social Security Number/EIN _____ Relationship to Participant _____ Share: _____

53. Beneficiary Name _____
 Last First Middle
 Social Security Number/EIN _____ Relationship to Participant _____ Share: _____

54. Beneficiary Name _____
 Last First Middle
 Social Security Number/EIN _____ Relationship to Participant _____ Share: _____

 ☐ Check here if additional pages are used. How many additional pages? _____

**XI.
CERTIFICATION**

I certify that the information I have provided in Sections VIII – X is true and complete to the best of my knowledge. (See warning in Section VII.)

55. _____ 56. _____
 Participant's Signature Date Signed

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